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Book Review: Richard G. Frank and Sherry A. Glied (2006) Better But Not Well: Mental Health Policy in the United States since 1950 (Baltimore, MD: Johns Hopkins University Press). Pp. xv + 185. £26.50 (hbk), £14.50 (pbk). ISBN 0-8018-8442-X (hbk), 0-8018-8443-8 (pbk)

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Richard G. Frank and Sherry A. Glied (2006) *Better But Not Well: Mental Health Policy in the United States since 1950* (Baltimore, MD: Johns Hopkins University Press). Pp. xv + 185. £26.50 (hbk), £14.50 (pbk). ISBN 0-8018-8442-X (hbk), 0-8018-8443-8 (pbk).

Frank and Glied use the lens of economics to assess the recent history of mental health care in the USA. Some of their findings are surprising, even counter-intuitive. If read with care, their work should change, or at least shift, key aspects of the debate about mental health policy in twenty-first century USA. While admitting some notable failures, especially among the homeless and incarcerated, they suggest that, overall, mental health policy and care have moved in very positive directions over the past fifty years.

Despite the book's title, Frank and Glied are more interested in how mental health policy has become 'better' since the 1950s than in the ways it continues to be 'not well'. This caveat apart, I found in this publication a deft and useful synthesis of recent shifts in mental health policy. Especially notable is their emphasis on the greater integration of the mentally ill into the medical and social mainstream, and the diminution of exceptionalist policies for dealing with their problems. As a result, they argue, a 'dizzying range' of federal, state and private sources (p. 3) has replaced what once was known as the mental health 'system' in the USA.

Using multiple epidemiological data sets, Frank and Glied find that rates of mental illness have been fairly stable over time. Yet the demand for and the supply of services both vacillate. Why? They look to four areas for answers: therapeutics, health care financing, service provision, and the commitment to the integration of the mentally ill into the medical mainstream. For example, therapeutic changes have resulted from three interrelated changes: efficacy advances (the development of new drugs that control symptoms better); practice advances (especially the emergence of drugs that are easier for non-specialists to prescribe and consumers to take); and exnovation (the elimination of older treatments on the basis of their diminished market appeal, their dangerous side-effects, and their lack of fit with new ways of organizing and financing care). In the decades since 1950, these changes have interacted in ways that have improved management of the symptoms of mental illness, even if a cure remains elusive.

When they turn to questions of the financing of mental health care, the authors' reliance on aggregate, mostly national, data often serves them well – but not always. For example, they argue that Medicaid, Medicare, Supplemental Security Insurance, Social Security Disability Insurance and the expansion of mental health coverage within private insurance plans have not only decentralized the provision of mental health services but have also increased their range and diversity in positive ways. While Frank and Glied concede that providing adequate services to the most severely ill remains problematic, overall their picture is a rosy one. Critiques of managed care

are ill-founded, they assert. The replacement of state with private for-profit hospitals has been good, producing institutions that are more flexible and more responsive to community and political pressures. Unfortunately, the authors support these controversial assertions with surprisingly little empirical data.

Overall, this book offers a fascinating, if at times unsettling, historical analysis of mental health policy, which relies heavily on aggregate statistical data. The arguments merit attention and additional testing. Frank and Glied falter primarily when dealing with those problems still unsolved: the continuing popular conflation of mental illness with violence; the difficulties of caring for medication-resistant, long-term mentally ill individuals; and the rise in their numbers in jails and prisons. While the authors acknowledge the importance of these problems, they devote little of the book to their analysis. Nonetheless, they present with commendable clarity and force the argument that, for many (if not all) of those with mental illnesses, public and private policies have improved health care since 1950.

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David Lederer (2006) *Madness, Religion and the State in Early Modern Europe. A Bavarian Beacon* (Cambridge and New York: Cambridge University Press). Pp. 361, 19 plates. £50.00. ISBN 13 978-0-521-8537-7 (hbk).

Initially ‘a village reconstruction of a local cult shrine dedicated to the treatment of madness in southern Germany’ (p. xv), this book is a wide ranging regional analysis of spiritual physic. It is an expanded and re-worked version of Lederer’s 1995 thesis, and the author views it as a ‘technical stud[y] [which] contribute[s] empirical and circumstantial evidence, anecdotal examples and cognitive models for evaluation and the formation of informed ... value judgments’ (p. xiv).

Spiritual physic, a branch of mental health care which fell under the remit of the clergy, is a topic that has received relatively little scholarly attention to date. Building on the work of MacDonald and Midelfort, Lederer aims to redress the balance, through a cultural study of this topic in the Duchy of Bavaria. Far from being merely a local study, the author offers a broad analysis which considers the impact of political, religious, social, material and cultural forces. Lederer emphasizes the dominant role of this branch of medicine in the early modern history of mental health (p. 6), arguing that it ‘contributed to a psychological paradigm shift in the seventeenth century, permitting the emergence of bourgeois psychiatry in the eighteenth century while insuring a pastoral tradition that survives to the present’ (p. 48).